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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	211anelica (STOUP LLC.		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for tiling.		
Please return all corresp	condence concerning this matter	to the following:		
	Kada	Gonzalez Name of Person		
	Terrame	rica Grap	LLC.	
	8061_N	W 186 Terra	<u>ll</u>	
	Miami,	FL 33015 City/State and Zip Code		
	Ku 33015 E-mail address: (t	o be used for future annual re	m port notification)	
For further information	concerning this matter, please ca	il:		
- Karla Name	GONTULEZ of Person	at (<u>305</u>)	398-7895 Daytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified (of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terramerica bri	OUD LLC.
(<u>Name of the Limited Liability C</u> (A Florida Lii	ombany as it now appears on our records.) med Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number ± 1000073969	pany were filed on $\frac{7/14/2010}{}$ at
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	
Name of New Registered Agent:	irla Gonzalez
New Registered Office Address:	1861 NW 186 Terrace Enter Florida street address
<u>Mi</u>	AMI Sip Cov. Storida 3301
New Registered Agent's Signature, if changing Registered A	·

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 705, F.S. Or, if this dobeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab. company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ag

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each performance or removed from our records:</u>

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	<u>T</u>
MER	Victor Quirtero	8061 N.W. 186 TER HIALEAH, FL 33015	<u> </u>
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	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not
docur	ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the
ıπe	e 90th day after the record is filed.
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Dated	1 10 10 12 12 19 .
	1/ to di to
	Signature of a member or authorized representative of a member
	Namaturi al a mambar ar multarra al rarra antata a at a mambar
	1 and the state of
	VICTOR QUINTERO Typed or printed name of signee

 $\textbf{D. If amending any other information, enter change(s) here: \textit{(Attach additional sheets, if necessary.)}}\\$

Page 3 of 3

Filing Fee: \$25.00